

*Original or Copy
Patent or Trademark Specified*
**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/070650** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
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TOTAL IND.	1		1			
TOTAL DEP.	6	↔	4	↔		
TOTAL CLAIMS	7		5			

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		↔	
TOTAL DEP.		↔	
TOTAL CLAIMS		↔	